

# WICHITA POLICE DEPARTMENT

## POLICY NO. 209

<b>SUBJECT: BLOOD BORNE PATHOGENS</b>	
<b>Effective Date: 4/2/2020</b>	<b>Distribution: All Personnel</b>
<b>Reviewed/Approved Date: 11/1/2019</b>	<b>Next Review Date: July 2021</b>
<b>Approved By: Executive Staff</b>	<b>Amends/Rescinds: 12/05/2016</b>
<i>This policy is for departmental use only and does not apply in any criminal or civil proceeding. This policy should not be construed as creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this policy will only form the basis for departmental administrative sanctions. Violations of law will form the basis for civil and criminal sanctions in a recognized judicial setting</i>	

### I. PURPOSE

The purpose of this policy is to provide appropriate guidelines and procedures for members of the department to follow when they are exposed to, or potentially exposed to, an infectious or contagious disease during the course of their duties. It is also designed to encourage the routine use of precautionary measures in order to prevent or reduce the likelihood of such exposure incidents from occurring.

### II. PROCEDURES

#### A. Hepatitis B Virus

1. Hepatitis B is a type of viral hepatitis acquired from exposure to human *blood* and *body fluids* that result in liver inflammation. While the use of universal precautions helps in protection from Hepatitis B, the Hepatitis B vaccine is an additional measure offered to all department members in Category I status as identified by the OSHA and the City of Wichita Safety Manual. Category I includes all Police Officers regardless of rank, Airport Safety Officers, Community Service Officers and Crime Scene Investigators.
2. All employees in Category I will be offered the Hepatitis B vaccine, free of charge, within 10 working days of initial assignment unless they employee has previously received the complete Hepatitis B vaccination series and antibody testing has revealed the employee is immune or if the vaccine is not recommended for medical reasons (e.g., allergic to yeasts). Workers should be tested 1-2 months after the vaccine series is complete to make sure the vaccination has provided immunity to HBV infection. According to the Center for Disease Control, if the vaccine is given within the proper dosage, the vaccination will be intact for the “duration of the employee’s career”. Post vaccination to determine the level of effectiveness is warranted in some employees, specifically those who experience a needle-stick exposure. All employees offered the Hepatitis B vaccine will complete the Consent Form (form

Attachment B in the City Safety Manual) for Hepatitis B Vaccination. Once completed, the Consent Form will be placed in the employee's permanent record.

3. For those desiring the Hepatitis B vaccine an Employee Immunization Record will be maintained as part of the employee's permanent record. An employee may initially decline the Hepatitis B vaccine, but at a later date may decide to have the vaccination. If this occurs, the employee must complete a new Consent Form. A Declination Form (form Attachment C in the City Safety Manual) will be completed by the employee at the time that they formally decline the vaccinations. This form will become part of the employee's permanent record.
4. The Hepatitis B vaccine must be performed by or under the supervision of a licensed physician, or under the supervision of another licensed health care professional.
5. *If the U.S. Public Health Service recommends a routine booster dose(s) of Hepatitis B vaccine at a future date, the booster dose(s) will be made available free of charge to the employee.* For further information review the City of Wichita Safety Manual on the City portal at <https://cowo365.sharepoint.com/sites/FS/Safety/Pages/Manual.aspx>

#### **B. Universal Precautions**

1. To minimize the potential for exposure to an infectious disease, members of the department will adhere to the following preventative measures:
  - a. Department members shall verify the contents of the First Responder Kit assigned to their patrol vehicle prior to the start of their shift. If a Responder Kit is NOT inside a vehicle, a supervisor shall be contacted for a replacement kit.
  - b. Cover all open wounds or sores while at work, and change the bandage/dressing if it becomes wet or soiled. An open wound/fresh sore can give a virus a means of entry if the wound/sore is exposed to infected blood and/or *body fluids*.
  - c. Be aware that certain prescribed medications [e.g., asthma medicine] suppress your immune system and make you more susceptible to infectious diseases. Consult your physician about any such possible effects of prescription drugs you are taking.
  - d. Do not eat, drink or smoke at the scene of incidents at which blood or other *body fluids* are present, and keep hands away from your mouth and eyes at such locations.

- e. Use caution when dealing with all persons. If possible, use defensive and verbal-control skills to minimize physical involvement with any person.
- f. Use caution when conducting searches of vehicles, suspects, arrestees, homes, etc. Do not blindly place your hands in an area which might contain sharp objects that could puncture your skin.
- g. Try to avoid direct contact with blood and/or other *body fluids* of another person. However, if contact occurs, immediately and thoroughly wash any area of unprotected skin which comes into contact with such a fluid, using the towelettes found in a “First Responder Kit,” if one is readily available; otherwise, use soap and water.
- h. Utilize the protective equipment contained in a “First Responder Kit” if you are forewarned of any possibility of contact with another person’s blood or *body fluid*, and circumstances permit you to don the protective equipment.
  - 1. Use a protective airway when administering CPR
  - 2. Wear protective gloves and the disposable smock whenever you are administering first-aid
  - 3. Wear the safety glasses whenever the chance of blood and/or *body fluid* spatter is present.

**C. Procedures for Handling a Possible Blood to Blood or Blood to Body Fluid Contact**

- 1. If you receive a cut, puncture wound, human bite-wound, or any other injury which results in a possible blood-to-blood or *body fluid* to blood exposure immediately:
  - a. Prompt the wound to bleed by applying pressure and “milking” it;
  - b. Wash the area thoroughly, using towelettes(s) found in a “First Responder Kit”, if readily available; otherwise, use soap and water;
  - c. Seek immediate medical attention
  - d. Notify a supervisor immediately

**D. Documentation Procedures for a High Risk Exposure**

- 1. Any department member who believes they have been exposed to an infectious disease during the course of their duties shall immediately contact a supervisor. If

a bona-fide exposure has occurred, the supervisor will ensure the member is clinically and serologically evaluated for evidence of infection. The supervisor will ensure the appropriate documentation is completed. This includes workers compensation documentation, the Employer's Report of Accident form and all applicable police case(s). All forms and follow-up forms will be submitted to Fiscal Affairs and Risk Management. An evaluation of any incident that exposed or potentially exposed an employee to infection with blood borne pathogens will be undertaken by the Safety Office and a description of the corrective action taken to prevent recurrence of similar exposures will be recorded and maintained in the affected department(s). For further information regarding "Post Exposure", review the City of Wichita Safety Manual on the City Portal at <https://cowo365.sharepoint.com/sites/FS/Safety/Pages/Manual.aspx>

- a. Examinations, treatment and follow-up care, will occur as directed by the attending physician and the follow-up workers compensation physician.
- b. Any female member of the department who is pregnant may also notify her personal physician of any direct, line-of-duty contact with blood and/or *body fluids*. An infectious disease can cause severe problems during a pregnancy.

**E. Vehicle Decontamination Procedures:**

1. Disinfect any area(s) of a police vehicle which have come in contact with blood or other *body fluids* as soon as possible, using a 1:10 solution of household bleach and water obtainable at any substation. Wear protective gloves when doing so.

**F. Decontamination of Uniform/Clothing**

1. Any member of the department whose uniform or clothing comes in contact with blood and/or other *body fluids* of another person shall disinfect the *contaminated* uniform or clothing, as soon as possible, in the following manner:
  - a. If the member's uniform or clothing has been lightly *spattered* with blood and/or *body fluids* of another person: use a soap and water solution to remove as much of the blood and/or *body fluid* as possible. The uniform or clothing item(s) may be taken home by the officer for further cleaning.
  - b. If the member's uniform or clothing has been *saturated* with blood and/or *body fluids* of another person: they will immediately remove the *contaminated* apparel and contact a supervisor. The supervisor will ensure the apparel is placed in a large bio-hazard bag and securely sealed. Under no circumstance will a member of the department take

home any heavily saturated item of clothing/uniform for cleaning; it is a violation of federal regulations to do so.

**G. Disposal of Contaminated Disposable Protective Equipment and/or Materials**

1. Members of the department who utilize disposable protective equipment from their “First Responder Kit”, or any other disposable material(s), shall dispose of these items by placing them into a bio-hazard bag. The bio-hazard bag must be placed into a marked bio-hazard container at the Property and Evidence facility, or if an EMS unit responds to an incident the department member is working, the bio-hazard bag may be given to an EMS crew member. Do not dispose of bio-hazard bags into ordinary trash cans.

**H. Replacement of First Responder Kit Items**

1. A department member shall immediately following utilization of any protective equipment from a “First Responder Kit”:
  - a. For replacement of gloves, towelettes, or bio-hazard bags: Contact a supervisor.
  - b. For replacement of disposable smocks and/or CPR airways: A supervisor may contact the Training Bureau for a replacement during normal business hours; if outside of normal business hours, notify a supervisor a replacement smock and/or CPR airway is needed. Supervisors shall ensure the replacement is obtained as soon as possible.
  - c. Safety glasses: Place *contaminated* glasses into a bio-hazard bag and seal it shut. Transport the bag to any Patrol Station; obtain a 1:10 solution of bleach and water to de-contaminate the glasses over a sink. Wear protective gloves when doing so. Rinse glasses thoroughly, dry them, and replace in the “First Responder Kit”.

**I. Handling/Storage of Blood and/or Body Fluid Contaminated Property/Evidence Items**

1. Department members shall adhere to the following regimen when handling, processing and storing any item(s) which has (have) potentially been *contaminated* with an infectious disease:
  - a. Any item submitted to the Property and Evidence Section which has blood and/or *body fluids* on it shall be treated as if it is *contaminated* with an infectious disease.
    1. Members shall wear protective gloves when handling any contaminated, or possibly contaminated item, and/or all

property/evidence sacks which contains such items. These gloves shall be placed into a marked biohazard receptacle after their use.

2. Members shall clearly label the sack containing any contaminated, or possible contaminated item, as “POTENTIALLY INFECTIOUS” and shall place the sack into the specially-marked evidence locker at Property and Evidence.
  3. Members who handle contaminated, or possibly contaminated items, shall thoroughly wash their hands with soap and water after completing submission procedures for the item.
- b. The supervisor of the Property and Evidence Section shall ensure the contents of the biohazard receptacle for contaminated waste materials are incinerated.

#### J. **Spit Shields**

1. A Spit Shield will be used only when there is a “reasonable suspicion” the subject will use biological fluids (spit) to attempt to injure or contaminate the officer or others.
2. The Spit Shield is a light weight, sheer, protective mesh material. When placed over a subject’s head and face, neither vision nor breathing is impaired; however, saliva will not penetrate the material.
3. Officers will contact a field supervisor whenever a Spit Shield is to be used or has been used to advise the supervisor of the circumstances surrounding the incident. The Spit Shield will be applied in the following approved manner.
  - a. When possible, two officers shall apply the Spit Shield to the person
  - b. One officer shall maintain constant observation while the other officer applies the Spit Shield.
  - c. A person’s mouth and/or nose shall not be obstructed, nor shall the shield be tightened in any manner to secure around the person’s neck.
  - d. If signs of a medical condition develop, an officer shall immediately seek medical attention and remove Spit Shield.
4. In the event the subject was exposed to aerosol weapons, the officer will follow proper *decontamination* procedures (Reg. 4.111 B), prior to applying the Spit Shield, if possible.

5. If the subject's actions prevent the officer from properly decontaminating the subject due to an attempt to spit on the officer, the officer will apply the Spit Shield and then transport the subject in a manner to offer fresh air on the subject's face and the aerosol weapon's exposed areas.
6. Spit Shields are not reusable and must be discarded after use.
7. Use of the Spit Shield, reasonable suspicion justifying application, and the details of the application and effectiveness must be articulated in the officer's KSOR, KSAR and/or supplemental report.

**K. Education and Training**

1. In accordance with the City of Wichita Safety Manual and OSHA Standard CFR 29 1910.1030, initial training will be provided to those positions where a potential *occupational exposure* may take place, and annually thereafter. Annual training for all employees will be provided within one year of their previous training.

**L. Record Keeping**

1. Record(s) of an *occupational exposure* by an employee will be maintained by the City of Wichita for each employee with an *occupational exposure*. The record shall include;
  - a. The name and social security number of the employee
  - b. The dates of all Hepatitis B vaccinations and any medical records relative to the employee's status and/or ability to receive the vaccination;
  - c. A copy of the health care professional's written opinion to the City; and A copy of all information provided to the health care professional.
  - d. An employee's written consent must be obtained prior to the disclosure of any medical records to any person within or outside the workplace; except as required by law. The City will ensure the confidentiality of the employee's medical records.
  - e. Records related to an *occupational exposure* will be maintained by the City for the duration of an employee's employment with the City, plus an additional 30 years after termination.
  - f. The examination and copying of employee medical records will be provided to an employee upon request. Any other person(s) must have written consent by an employee or others as required by law.